



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

APR 1 1982

William G. Ilg  
Borden Inc., Columbus Coated Fabrics  
P. O. Box 208  
Columbus, Ohio 43216

RE: Interim Status Acknowledgement      USEPA ID No. OHD004294351  
FACILITY NAME: Borden Inc., Columbus Coated Fabrics

Dear Mr. Ilg:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

  
Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

*KM/Homer*  
*3/31/82*

Enclosure

cc: Robert W. Gutheil, President

FACILITY NAME  
-----  
COLUMBUS COATED FABRICS

EPA ID NUMBER  
-----  
OH0004294351

FACILITY OPERATOR  
-----  
BORDEN INC

FACILITY OWNER  
-----  
BORDEN INC

FACILITY LOCATION  
-----  
1280 NORTH GRANT AVENUE  
COLUMBUS

OH 43201

PROCESS CODE	DESIGN CAPACITY	UNIT OF MEASURE
-----	-----	-----
T04	3900.00000	U
S01	10450.00000	G
T01	22200.00000	U

-----\*\*KEY\*\*-----

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* UNIT OF MEASURE	CODE
-----	-----	-----	-----	-----
STORAGE:			* GALLONS	G
-----			* LITERS	L
CONTAINER	S01	G OR L	* CUBIC YARDS	Y
TANK	S02	G OR L	* CUBIC METERS	C
WASTE PILE	S03	Y OR C	* GALLONS PER DAY	U
SURFACE IMPOUNDMENT	S04	G OR L	* LITERS PER DAY	V
DISPOSAL:			* TONS PER HOUR	D
-----			* METRIC TONS\HOUR	W
INJECTION WELL	D79	G,L,U, OR V	* GALLONS\HOUR	E
LANDFILL	D80	A OR F	* LITERS\HOUR	H
LAND APPLICATION	D81	B OR Q	* ACRE-FEET	A
OCEAN DISPOSAL	D82	U OR V	* HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G OR L	* ACRES	B
TREATMENT:			* HECTARES	Q
-----			* POUNDS\HOUR	J
TANK	T01	U OR V	* KILOGRAMS\HOUR	R
SURFACE IMPOUNDMENT	T02	U OR V	* TONS PER DAY	N
INCINERATOR	T03	D,W,E, OR H	* METRIC TONS\DAY	S
OTHER	T04	J,R,N,S,U,V	*	

Kathy Honor  
Part B call in

No P.O.





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• OHD004294351

REACKNOWLEDGEMENT

COLUMBUS COATED FABRICS  
P O BOX 208  
COLUMBUS

OH 43216

INSTALLATION ADDRESS

1280 NORTH GRANT AVENUE  
COLUMBUS

OH 43201





U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

INSTALLATION'S EPA I.D. NO.	0HD004294351
I. NAME OF INSTALLATION	BORDEN INC 1280 N GRANT AVENUE COLUMBUS, OH 43215
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	1280 N GRANT AVENUE COLUMBUS, OH 43215

003050 porter's principal  
to the INSTRU

**FOR OFFICIAL USE ONLY**

COMMENTS	
C	

15															16																																																	
INSTALLATION'S EPA I.D. NUMBER															APPROVED					DATE RECEIVED (yr., mo., & day)																																												
<table border="1"> <tr> <td>S</td> <td colspan="14"></td> <td>T/A</td> <td>C</td> </tr> <tr> <td>F</td> <td>0</td><td>4</td><td>D</td><td>P</td><td>0</td><td>4</td><td>2</td><td>9</td><td>4</td><td>3</td><td>5</td><td>1</td><td>3</td><td>1</td> <td></td> <td>A</td> <td>8</td><td>0</td><td>0</td><td>8</td><td>1</td><td>8</td> </tr> </table>															S															T/A	C	F	0	4	D	P	0	4	2	9	4	3	5	1	3	1		A	8	0	0	8	1	8										
S															T/A	C																																																
F	0	4	D	P	0	4	2	9	4	3	5	1	3	1		A	8	0	0	8	1	8																																										

## I. NAME OF INSTALLATION

[illegible]

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	
c 3	

CITY OR TOWN															ST.		ZIP CODE			
C																				
4																				

### III. LOCATION OF INSTALLATION

[illegible]

CITY OR TOWN													ST.			ZIP CODE		
C																		
6																		
													40	41	42	43	-	51

#### IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)																					
C	2	I	L	G	W	I	L	L	I	A	M	G	S	R	P	R	O	J	E	N	G	I	N	.	6	1	4	-	2	2	5	-	6	3	3	6
																								25	46	-	48		49	-	51		52	-	55	

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER	
8	B O R D E N I N C.

15 16 <b>B. TYPE OF OWNERSHIP</b> (enter the appropriate letter into box)		<b>VI. TYPE OF HAZARDOUS WASTE ACTIVITY</b> (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	M	<input checked="" type="checkbox"/> <b>A. GENERATION</b> <small>87</small>	<input checked="" type="checkbox"/> <b>B. TRANSPORTATION</b> (complete item VII) <small>58</small>
		<input checked="" type="checkbox"/> <b>C. TREAT/STORE/DISPOSE</b> <small>88</small>	<input type="checkbox"/> <b>D. UNDERGROUND INJECTION</b> <small>60</small>

**VII. MODE OF TRANSPORTATION** (transporters only - enter "X" in the appropriate box(es))

☐ 61 A. AIR    ☒ 62 B. RAIL    ☒ 63 C. HIGHWAY    ☐ 64 D. WATER    ☐ 65 E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION		<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)		C. INSTALLATION'S EPA I.D. NO. 04D00429435	
---	--	---	--	---	--

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 20 1980

Attached

W04D000429435121

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 5 23 - 26	5 F 0 0 6 23 - 26	6 F 0 0 7 23 - 26
7 F 0 0 8 23 - 26	8 F 0 0 9 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 0 1 23 - 26	32 P 0 2 9 23 - 26	33 P 0 3 0 23 - 26	34 P 0 9 0 23 - 26	35 P 0 9 6 23 - 26	36 U 0 0 2 23 - 26
37 U 0 1 3 23 - 26	38 U 0 2 8 23 - 26	39 U 0 5 7 23 - 26	40 U 0 8 0 23 - 26	41 U 1 0 7 23 - 26	42 U 1 1 2 23 - 26
43 U 1 5 9 23 - 26	44 U 1 6 1 23 - 26	45 U 2 1 3 23 - 26	46 U 2 2 0 23 - 26	47 U 2 2 8 23 - 26	48 U 2 3 8 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

W. Bailey Barton, Director  
Environmental Affairs

DATE SIGNED

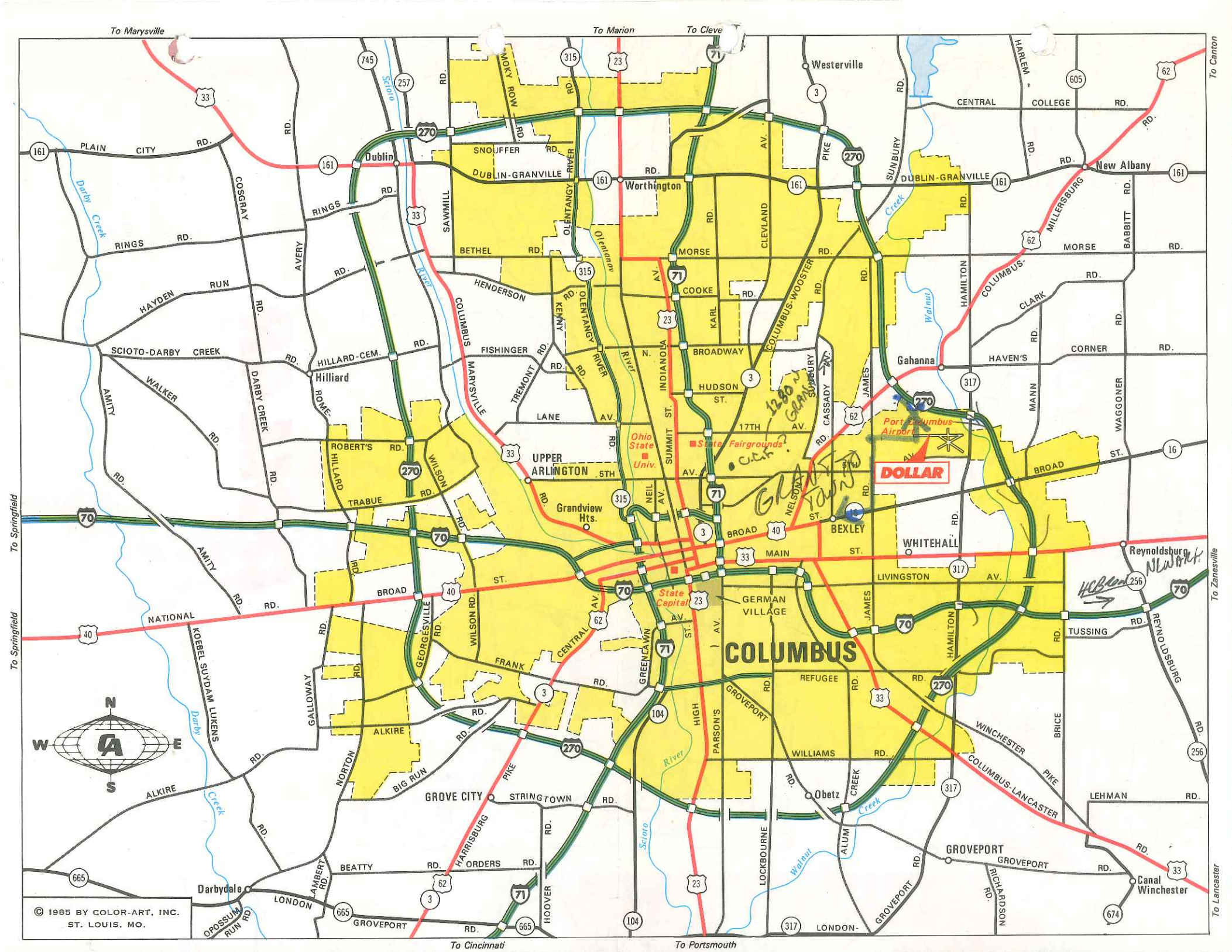
8-7-80

With Attachment  
Additional Part C. Listings

Additional Items:

00 U239





**BORDEN INC**

180 EAST BROAD STREET, COLUMBUS, OHIO 43215

Contact & Mailing Add. changed  
4-28-82 MGP



THOMAS R. HEATON  
ENVIRONMENTAL SPECIALIST  
ENVIRONMENTAL AFFAIRS

Orig to PA  
Copies to notif files

April 13, 1982

RECEIVED

APR 15 1982

WASTE MANAGEMENT BRANCH  
EPA REGION V

USEPA, Region V  
RCRA Activities  
P.O. Box 17861  
Chicago, IL 60680

Dear Sirs:

Enclosed herewith is a list of the Borden Inc. facilities for which permit applications to treat, store, or dispose of hazardous waste were submitted to your office on November 18, 1980. Directing your attention to the "reverse" side of Form 1, General of these applications, Borden Chemical's owner/operator representative, Mr. Robert W. Gutheil, discharges the direct responsibility for environmental concerns to Borden's Director of Corporate Environmental Affairs.

Therefore, to avoid any potential for a correspondence from your agency to be misdirected, please send future correspondence which would normally go to the owner/operator representative to:

W. Bailey Barton  
Director, Environmental Affairs  
Borden, Inc.  
180 E. Broad St.  
Columbus, Ohio 43215

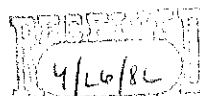
Thank you for your cooperation in this matter.

Sincerely,

Thomas R. Heaton

Thomas R. Heaton

TRH/slw





MAR 31 1982

SHW-TUC

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. William Ilg, Senior Project Eng.  
Borden Inc. Columbus Coated Fabrics  
P.O. Box 208  
Columbus, Ohio 43216

RE: OMD004294351  
Borden Inc., Columbus Coated Fabrics  
1280 N. Grant Avenue  
Columbus, Ohio 43201

Dear Mr. Ilg:

By now you should have received an acknowledgment of our receipt of your Part A permit application material for the above-referenced hazardous waste facility under the Resource Conservation and Recovery Act, as amended (RCRA) permit program. You should also have been apprised of your condition relative to interim status.

Accordingly, this letter constitutes the next step in the formal process leading to issuance or denial of an RCRA permit. Under the authority of 40 CFR 122.22, this is a formal request for submittal of Part B of your application for the above-referenced facility.

Enclosed is a copy of 40 CFR 122.25 which lists the items that constitute a Part B for your facility. Your Part B application must be submitted in quadruplicate and postmarked no later than September 30, 1982. Please send your application to the following address:

RCRA ACTIVITIES  
Part B Permit Application  
USEPA, Region V  
P.O. Box A3587  
Chicago, Illinois 60690-3587

We are committed to conducting the RCRA permitting process as efficiently as possible. Consequently I suggest you contact Kathleen Homer of my staff at (312) 826-6155, as you begin preparing your application. Ms. Homer will be available to discuss specific needs of your application or to meet with you in Chicago. These efforts are intended to generate complete applications, without requiring any information beyond that which is necessary to make RCRA permit decisions.

While your complete application is due no later than the above date, you are encouraged to submit at your earliest opportunity those components which have been completed. Several interim status documents also are used as components of your Part B application. Included are such items as your waste analysis plan, contingency plan, closure plan, etc., each of which may be submitted to this office immediately, to initiate the processing of your Part B application.

Failure to furnish your complete Part B application by the above date, and to provide in full all required information, is grounds for termination of interim status under 40 CFR 122.22.

Information you submit in the Part B application can be disclosed to the public, according to the Freedom of Information Act and U.S. Environmental Protection Agency (USEPA) Freedom of Information regulations. If you wish, however, you may assert a claim of business confidentiality by printing the word "Confidential" on each page of the application which you believe contains confidential business information. USEPA will review business confidentiality claims under regulations at 40 CFR Part 2, and will later request substantiation of any claims. Please review these rules carefully before making a claim.

We have also enclosed a copy of 40 CFR Part 264 which includes technical standards for the operation of treatment and storage facilities. These standards will become applicable upon issuance of a permit to your facility by USEPA.

We will coordinate review of your application with the Ohio Environmental Protection Agency and the Hazardous Waste Facility Approval Board, and if your application is acceptable, will strive for a simultaneous issuance of Federal and State hazardous waste facility permits. It is possible that during the processing of your application, the State hazardous waste program may become authorized to issue RCRA permits for your type of facility. In that case, direct Federal processing will cease, and the State in lieu of USEPA will make the final determination on your application.

We look forward to receiving your Part B application.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosures: 40 CFR 122.25  
40 CFR 264

cc: Mr. Robert Gutheil

Paul Flanigan, OEPA  
Peggy Vince, HWFAB



FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER											
				F O H D 0 0 4 2 9 4 3 5 1 3 D											
LABEL ITEMS				GENERAL INSTRUCTIONS											
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.											
III. FACILITY NAME															
V. FACILITY MAILING ADDRESS															
VI. FACILITY LOCATION															

II. POLLUTANT CHARACTERISTICS			
SPECIFIC QUESTIONS		MARK 'X'	
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
C	1 SKIP
C O L U M B U S C O A T E D F A B R I C S	

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
C	2
I L G W I L L I A M G S E N I O R P R O J E N G	

B. PHONE (area code & no.)	
C	6 1 4
2 2 5 6 3 3 6	

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
C	3
P O B O X 2 0 8	

B. CITY OR TOWN	
C	4
C O L U M B U S	

C. STATE	D. ZIP CODE
C	4 3 2 1 6
O H	

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
C	5
1 2 8 0 N O R T H G R A N T A V E N U E	

B. COUNTY NAME	
C	6
F R A N K L I N	

C. CITY OR TOWN	
C	6
C O L U M B U S	

D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
C	4 3 2 0 1	0 4 9
O H		



## CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND														
C	7	2	2	9	5	(specify) Coated Fabrics, Not Rubberized					C	7	(specify)											
15	16	17	18	19											15	16	17	18	19					
C. THIRD										D. FOURTH														
C	7	(specify)									C	7	(specify)											
15	16	17	18	19											15	16	17	18	19					

## VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?										
C																															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
8	B	O	R	D	E	N	I	N	C																						66									
15	16																													55										
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																									D. PHONE (area code & no.)															
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P	(specify) Private	C	A	6	1	4	2	2	5	4	0	0	0							
																				56		15	16	17	18	19	20	21	22	23	24	25								
E. STREET OR P.O. BOX																																								
180 EAST BROAD STREET																																								
26																														55										
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND										
B C O L U M B U S																				O H					4 3 2 1 5					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
																				40					41 42 43 44 45 46 47 48 49 50					52										

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
C	T	I													C	T	I												
9	N														9	P													
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
C	T	I													C	T	I	(specify)											
9	U														9	Z		M, I, S, C.											
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
C	T	I													C	T	I	(specify)											
9	R														9														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9A/50

F9/50

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of Coated Fabrics

F9A/51

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED														
Robert W. Gutheil, President Borden Chemical																														11/17/80														

## COMMENTS FOR OFFICIAL USE ONLY

C																														
15	16																													55



<b>FORM 3</b> RCRA	<b>EPA</b>	<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	<b>I. EPA I.D. NUMBER</b>												
			S	F	O	H	D	0	0	4	2	9	4	3	5

**FOR OFFICIAL USE ONLY**

<b>APPLICATION APPROVED</b>	<b>DATE RECEIVED</b> (yr., mo., & day)	<b>COMMENTS</b>

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

☐ **2. NEW FACILITY** (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☐ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S												T/A C																	
C												3 1																	
1 2 13 14 15																													
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY				
		1. AMOUNT (specify)													1. AMOUNT														
2. UNIT OF MEASURE (enter code)															2. UNIT OF MEASURE (enter code)														
16 - 18 19 27 28 29 - 32															16 - 18 19 27 28 29 - 32														
X-1	S 0 2	600										G	5																
X-2	T 0 3	20										E	6																
1	T 0 4	27,700										U	7																
2	T 0 4	19,200										U	8																
3	T 0 1	22,200										U	9																
4	S 0 1	10,450										G	10																
16 - 18 19 27 28 29 - 32															16 - 18 19 27 28 29 - 32														



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line #1 Solvent recovery is a two stage operation. In the first stage, solvent is removed from scrap ink. In the second stage, water introduced by the first operation is removed from the solvent.

Line #2 Plating discharge treated to precipitate chrome and copper which is then removed in throw away filters.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS ..... P  
TONS ..... T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS ..... K  
METRIC TONS ..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																																																																							
<table border="1"> <tr> <td>S</td> <td>W</td> <td>0</td> <td>H</td> <td>D</td> <td>0</td> <td>0</td> <td>4</td> <td>2</td> <td>9</td> <td>4</td> <td>3</td> <td>5</td> <td>1</td> <td>T/A</td> <td>C</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> </tr> </table>													S	W	0	H	D	0	0	4	2	9	4	3	5	1	T/A	C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	<table border="1"> <tr> <td>S</td> <td>W</td> <td colspan="10">DUP</td> <td>T/A</td> <td>C</td> </tr> <tr> <td>1</td> <td>2</td> <td colspan="10"></td> <td>3</td> <td>2</td> </tr> </table>												S	W	DUP										T/A	C	1	2											3	2
S	W	0	H	D	0	0	4	2	9	4	3	5	1	T/A	C																																																																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																																																					
S	W	DUP										T/A	C																																																																							
1	2											3	2																																																																							
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																																																																				
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																																																																																
				<table border="1"> <tr> <th colspan="12">1. PROCESS CODES (enter)</th> <th rowspan="2">2. PROCESS DESCRIPTION (if a code is not entered in D(1))</th> </tr> <tr> <th>27</th><th>28</th><th>29</th><th>30</th><th>31</th><th>32</th><th>33</th><th>34</th><th>35</th><th>36</th><th>37</th><th>38</th> </tr> </table>												1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))	27	28	29	30	31	32	33	34	35	36	37	38																																												
1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))																																																																								
27	28	29	30	31	32	33	34	35	36	37	38																																																																									
1	F 0 0 1	850 000	P	S 0 1																																																																																
	F 0 0 5	150 000	T	T 0 4 S 0 1																																																																																
	F 0 0 2																									Included with above																																																										
	F 0 0 3																									Included with above																																																										
	F 0 0 6	150 000	T	T 0 1 T 0 4 S 0 1																																																																																
	F 0 0 9																									Included with above																																																										
7	P 0 0 1	500 000	P	S 0 1																																																																																
	P 0 2 9	200 000	P	S 0 1																																																																																
	P 0 3 0																									Included with above																																																										
10	P 0 9 0	100 000	P	S 0 1																																																																																
11	P 0 9 8	500 000	P	S 0 1																																																																																
12	P 1 0 6	500 000	P	S 0 1																																																																																
13	U 0 1 3	1,000 000	P	S 0 1																																																																																
14	U 1 5 1	100 000	P	S 0 1																																																																																
15	D 0 0 1	1,000 000	P	S 0 1																																																																																
16	D 0 0 2	3,000	T	S 0 1																																																																																
	D 0 0 5	1,000	T	S 0 1																																																																																
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	D 0 0 7	21,000	T	S 0 1																																																																																
	D 0 0 8																									Included with above																																																										
	D 0 0 5	105 000	T	S 0 1																																																																																
	D 0 0 6																									Included with above																																																										
	D 0 0 7																									Included with above																																																										
	D 0 0 8																									Included with above																																																										
25																																																																																				
26																																																																																				



IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	O	H	D	0	0	4	2	9	4	3	5	1	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6N/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

3	9	5	9	2	3	0
65	66	67	68	69	70	71

0	8	2	5	9	4	3	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E	Borden Inc.	614	225	4292
15	16	17	18	19

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F	180 E. Broad St.	G	Columbus	OH	43215
15	16	17	18	19	20

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)  
Robert W. Gutheil, President  
Borden Chemical

B. SIGNATURE  
*Robert W. Gutheil*

C. DATE SIGNED  
11/17/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

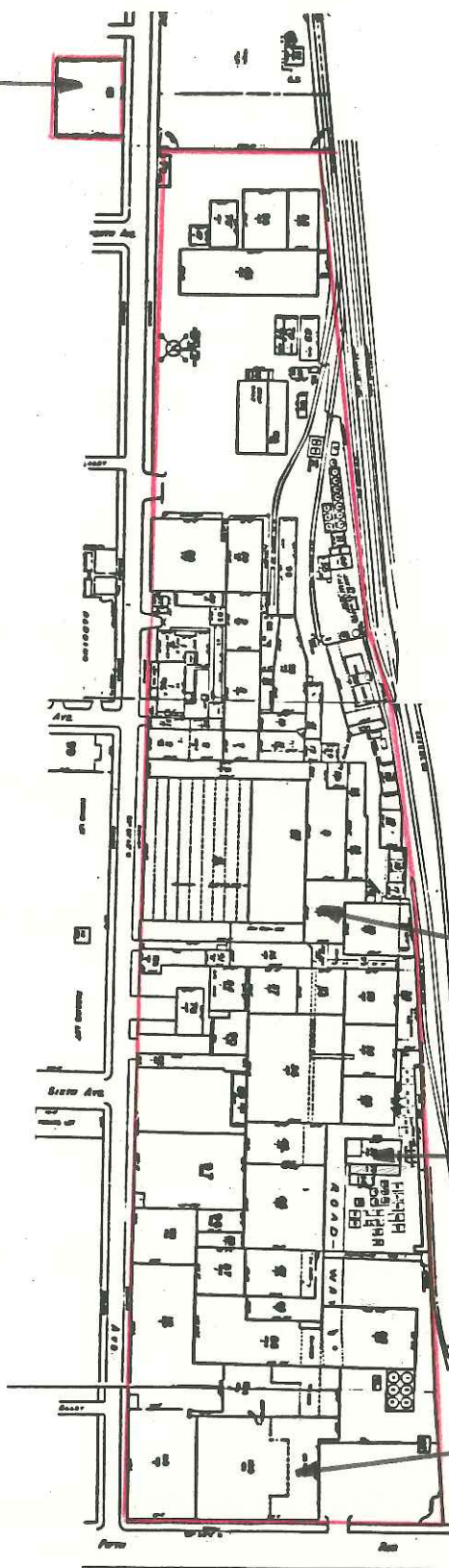
B. SIGNATURE

C. DATE SIGNED

## V. FACILITY DRAWING (see page 4)

419

TO 4 PROCESS  
III C - LINE 2  
TO 1 PROCESS  
III C - LINE 3



NOTE:  
SOI STORAGE  
III C - LINE 4  
INSIDE STORAGE

TO 1 PROCESS  
III C - LINE 3

TO 4 PROCESS  
III C - LINE 1

TO 1 PROCESS  
III C - LINE 3

APPROX. SCALE: 1" = 234 FT.



ITEM X FORM I ADDENDA

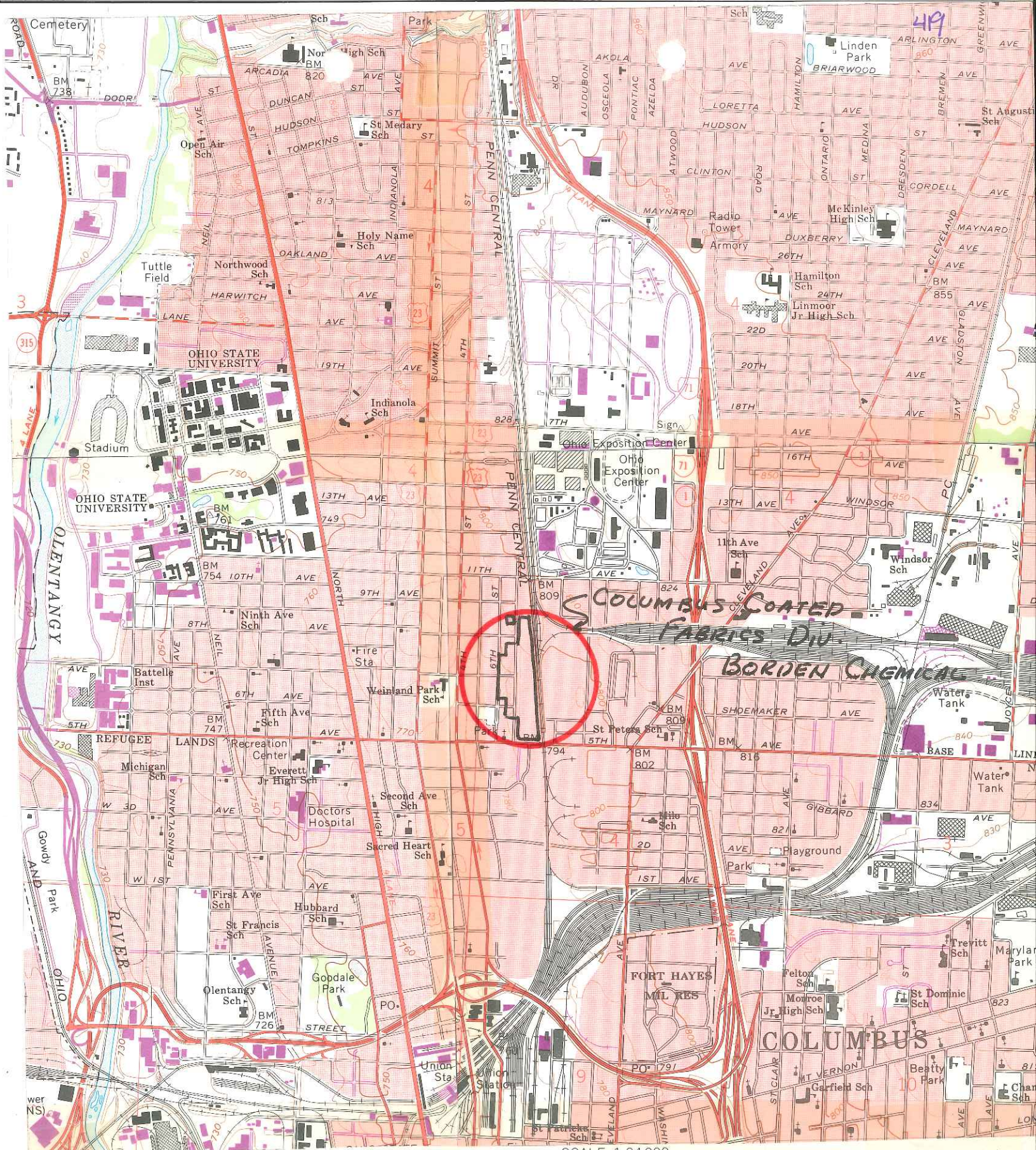
State Air Emission Permit Numbers:

~~0125040031P001~~  
~~0125040031P002~~  
~~0125040031P003~~  
~~0125040031P004~~  
~~0125040031P005~~  
~~0125040031P007~~  
~~0125040031P008~~  
~~0125040031P009~~  
~~0125040031P010~~  
~~0125040031P011~~  
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~~0125040031P035~~  
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~~0125040031B003~~

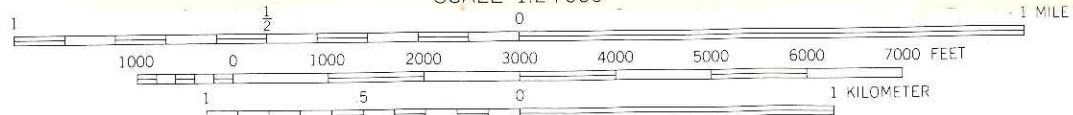
Application Nos.:

~~01-222~~  
~~01-223~~  
~~01-313~~





SCALE 1:24000



CONTOUR INTERVAL 10 FEET  
DATUM IS MEAN SEA LEVEL



**BORDEN INC**

180 EAST BROAD STREET, COLUMBUS, OHIO 43215



July 15, 1982

THOMAS R. HEATON  
ENVIRONMENTAL SPECIALIST  
ENVIRONMENTAL AFFAIRS

USEPA Region V  
111 West Jackson Blvd.  
Chicago, IL 60604

Attn: 5HW-TVB

Re: Hazardous Waste Sudden Accidental Liability Insurance

Dear Sirs:

Borden Inc. submits certificates of liability insurance  
for sudden accidental occurrences for the following facilities:

Borden Chemical, Woodlawn, OH	OHD068932011
Borden Chemical, Whitehouse, OH	- OHD005043740
Borden Chemical, Delaware, OH	OHD004297834
Columbus Coated Fabrics, Cols. OH	OHD004294351
Borden Chem., St. Charles, IL	ILD064017940
Borden Chem., Illiopolis, IL	ILD005158548
Borden Chem., Cicero, IL	ILD074367434
Pet-Ag Div., Borden Inc., Hampshire, IL	ILD005468822
Borden Chem., Portage, MI	MID092950195

If you have any questions, please call the undersigned  
at (614) 225-4860.

Sincerely,

*Thomas R. Heaton*

Thomas R. Heaton

TRH/slw

Encl.

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED





**NORTHWESTERN NATIONAL INSURANCE COMPANY**  
OF MILWAUKEE, WISCONSIN

HOME OFFICE: 731 NORTH JACKSON STREET / P. O. BOX 2070 / MILWAUKEE, WISCONSIN 53201 / PHONE (414) 765-8444

**CERTIFICATE OF INSURANCE**

The Northwestern National Insurance Company, of Milwaukee, Wisconsin, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Borden Inc., and its subsidiaries, of 180 E. Broad Street, Columbus, Ohio, in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR264.147 or 265.147. This coverage applies at, those locations listed in the attached schedule for "sudden accidental occurrences". The limits of liability are \$1,000,000.00 for each occurrence and \$2,000,000.00 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number CLA234135. The effective date of said policy is July 1, 1982.

The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy of insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

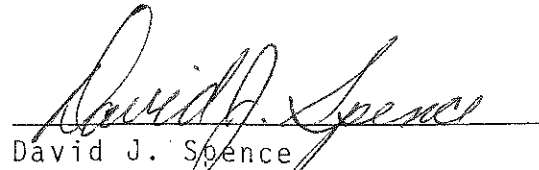
(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. The provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR264.147(f) of 265.147 (f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) in of the EPA Region(s) in which the facility (ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

A handwritten signature in cursive script, reading "David J. Spence", is written over a horizontal line.

David J. Spence  
Staff Assistant  
Authorized Representative of  
Northwestern National Insurance  
731 North Jackson Street  
Milwaukee, WI, 53201



SCHEDULE OF LOCATIONS

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
470 South 2nd Street  
Springfield, OR 97477  
ID# ORD076412444

Consumer Products Div.  
Borden, Inc.  
9-11 Johnson St.  
Bainbridge, NY 13733  
ID# NYD002234813

Krylon Department  
Borden, Inc.  
P.O. Box 390  
Norristown, PA 19404  
ID# PAD001865906

Borden Chemical  
Printing Inks Division  
Borden, Inc.  
630 Glendale-Milford Rd.  
Cincinnati, OH 45215  
ID# OHD068932011

Borden Chemical  
Petrochemical Division  
Borden, Inc.  
P.O. Box 427  
Geismar, LA 70734  
ID# LAD003913449

Fabric Leather Division  
Borden, Inc.  
40 Garvies Point Rd.  
Glen Cove, NY 11542  
ID# NYD008918450

Vernon Plastics Division  
Borden, Inc.  
Shelly Road-Ward Hill  
Haverhill, MA 01830  
ID# MAD001381912

Borden Chemical  
Thermoplastics Division  
Borden, Inc.  
P.O. Box 27  
Illioopolis, IL 62539  
ID# ILD005158548

Borden Chemical  
Printing Ink Division  
6725 Gilead St.  
Whitehouse, OH 43571  
ID# OHD 005043740

Borden Chemical  
Printing Ink Division  
Borden Inc.  
5004 N. Combee Rd.  
Lakeland, FL 33801  
ID# FLT130010069

Borden Chemical  
Printing Ink Division  
Borden Inc.  
587 Whitehall St., S.W.  
Atlanta, GA 30303  
ID# GAD075880310

Borden Chemical  
Printing Ink Division  
Borden Inc.  
1711 Osbourne St.  
St. Marys, GA 31558  
ID# GAD070327267

Borden Chemical Printing Ink Division  
2445 Production Dr.  
St. Charles, IL 60174  
ID# ILD064017940

Borden Chemical  
Printing Ink Division  
P.O. Box 6  
Odenton, MD 21113  
ID# MDD003075595

Borden Chemical  
Printing Ink Division  
Borden Inc.  
8925 Shaver Rd.  
Portage, MI 49002  
ID# MID 092950195

Borden Chemical  
Printing Ink Division  
8-10 22nd Street  
Fairlawn, NJ 07410  
ID# NJD 001374883

Borden Chemical  
Printing Ink Division  
Borden Inc.  
3221 Randol Mill Rd.  
Arlington, TX 76011  
ID# TXD046933867

SCHEDULE OF LOCATIONS cont.

Borden Chemical  
Thermoplastics Division  
Borden, Inc.  
511 Lancaster St.  
Leominster, MA 01453  
ID# MAD990886673

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
56 Nostrand Ave.  
Brooklyn, NY 11205  
ID# NYD012497335

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
1829 S. 54th Ave.  
Cicero, IL 60650  
ID# ILD074367434

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
400 Park Ave. Delaware, OH 43015  
ID# OHD004297834

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
Drawer 40  
Demopolis, AL 36732  
ID# ALD031569940

Borden Chemical/Adhesives  
and Chemical  
Borden, Inc.  
100 West Borden Drive  
Diboll, TX 75941  
ID# TXD001865609

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
41100 Boyce Rd.  
Fremont, CA 94538  
ID# CAD086167384

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
P.O. Box 410  
Fayetteville, NC 28302  
ID# NCD003189024

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
P.O. Box 428  
Kent, WA 98031  
ID# WAD052581568

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
P.O. Box 1028  
LaGrande, OR 97850  
ID# ORD003938628

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc. 6455 E. Canning St.  
Los Angeles, CA 90040  
ID# CAD009536194

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
1021 Industrial Park Dr.  
Marietta, GA 30062  
ID# GAD042104232

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
930 Lincoln Blvd.  
Middlesex, NJ 08846  
ID# NJD002170439

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
3670 Grant Creek Road  
Missoula, MT 59801  
ID# MTD053041927

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
P.O. Box 847  
Sheboygan, WI 53081  
ID# WID023540263

Borden Chemical  
Adhesives and Chemicals  
Borden, Inc.  
6200 Campground Rd.  
Louisville, KY 40216  
ID# KYD055832091



SCHEDULE OF LOCATIONS cont.

Borden Chemical  
Printing Ink Division  
T.C. Industrial Park  
Depew, N.Y. 14043  
ID# NYD013705587

Borden Chemical  
Printing Ink Division  
Borden Inc.  
1100 Vail Ave.  
Montebello, CA 90640  
ID# CAD990662546

Borden Chemical  
Printing Ink Division  
Borden Inc.  
1185 Research Blvd.  
St. Louis, MO 63132  
ID# MOD000823211

Columbus Coated Fabrics Division  
Borden Inc.  
1280 North Grant Avenue  
Columbus, Ohio 43216  
ID# OHD004294351